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# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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**TEMPORARY** 

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

8E6 Mail Processing Section

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	<u> </u>
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Limited Partnership Interests of Highbridge Long/Short Equity Fund, L.P.	101
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	) ULOE
A. BASIC IDENTIFICATION DATA	**
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Highbridge Long/Short Equity Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Inc 9 West 57 <sup>th</sup> Street, 27 <sup>th</sup> Floor, New York, New York, 10019 (212) 287-4900	luding Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Inc (if different from Executive Offices)	luding Area Code)
Brief Description of Business Private Investment Fund	
Type of Business Organization  Corporation  Ilimited partnership, already formed  Dother (please specify):  Ibusiness trust  Ilimited partnership, to be formed	
Month Year  Actual or Estimated Date of Incorporation or Organization: 02 04 ⊠Actual □Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: <b>DE</b> CN for Canada; FN for other foreign jurisdiction)	

#### **GENERAL INSTRUCTIONS**

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (9-08)



1 of 8

, i		A. BASIC II	DENTIFICATION DAT	ΓA				
2. Enter the information r	equested for the	following:		· · · · · · · · · · · · · · · · · · ·				
Each promoter of	Each promoter of the issuer, if the issuer has been organized within the past five years;							
•	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the							
·	Ticer and directo	r of corporate issuers and	of corporate general and	managing partn	ers of partnership issuers; and			
Each general and	managing partne	er of partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	⊠General and/or Managing Partner			
Full Name (Last name first	, if individual)							
Highbridge GP, LLC (	the "General l	Partner")						
Business or Residence Add	lress (Number ar	nd Street, City, State, Zip	Code)					
9 West 57th Street, 27t	h Floor, New	York, New York, 100	19					
Check Box(es) that Apply: *of the General Partner	Promoter	Beneficial Owner	Executive Officer	⊠Director*	General and/or Managing Partner			
Full Name (Last name first	, if individual)	•		-				
Crawshaw, Richard								
Business or Residence Add	lress (Number ar	nd Street, City, State, Zip	Code)					
P.O. Box 10763, Grand	l Cayman KY	1-1007, Cayman Islan	nds, British West Indie	es				
Check Box(es) that Apply: *of the General Partner	Promoter	Beneficial Owner	Executive Officer	⊠Director*	☐General and/or Managing Partner			
Full Name (Last name first	, if individual)							
Harris, Clive	_							
Business or Residence Add								
Box 30142 SMB Grand	l Cayman, Ca	yman Islands, British	West Indies					
Check Box(es) that Apply: *Trading Manager of		Beneficial Owner "Trading Manager")	Executive Officer	Director				
Full Name (Last name first	, if individual)							
Highbridge Capital Ma	anagement, Ll	LC						
Business or Residence Add		-						
9 West 57th Street, 27t	h Floor, New	York, New York, 100	19					
Check Box(es) that Apply: *Chief Compliance Office		Beneficial Owner ng Manager	⊠Executive Officer*	Director	General and/or Managing Partner			
Full Name (Last name first Oliva, John	, if individual)	•						
Business or Residence Address (Number and Street, City, State, Zip Code)  9 West 57th Street, 27th Floor, New York, New York, 10019								
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first	, if individual)				,			
Business or Residence Add	lress (Number ar	nd Street, City, State, Zip	Code)	<u></u>				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Managing Partner

					]	B. INFOR	MATION	ABOUT	OFFERI	NG					
1.	Has the issu	er sold, or	does the is	suer inten	d to sell, to	non-accre	dited inve	stors in th	is offering	?				Yes	No
				Алswe	er also in A	appendix, (	Column 2,	if filing u	nder ULOI	Ξ.				Ш	
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?									\$ <u>2,000,0</u>	<u>00*</u>					
*th	e Administra	tor in its d	liscretion	may acce	pt lower a	mounts									
								Yes ⊠	No						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.															
Ful	Name (Last	name first,	if individu	ıal)											
	iness or Resid					State, Zip (	Code)								
	ne of Associa . Morgan S														
Stat	es in Which I	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	hasers							,	
	(Check	"All State	s" or chec	k inđividu:	al States)		••••••		••••					🖾 AI	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	Name (Last	name first,	if individu	ial)											
Bus	iness or Resid	lence Addi	ress (Num	ber and St	reet, City,	State, Zip (	Code)					· · · · · · · · · · · · · · · · · · ·			
Nar	ne of Associa	ted Broker	or Dealer												
Stat	es in Which f	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	hasers								
	(Check "All	States" or	check ind	ividual Sta	tes)			•••••						[]Al	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	Name (Last	name first,	if individu	ıal)							<del></del>				
Bus	iness or Resid	lence Addi	ress (Numi	ber and St	eet, City,	State, Zip (	Code)		<del>.</del>						
Nar	ne of Associa	ted Broker	or Dealer												
Stat	es in Which I	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	hasers								
(Check "All States" or check individual States)								States							
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
•			(Use t	olank sheet	t, or copy :	and use add	ditional co	pies of this	s sheet, as	necessary.	)				
		C.	OFFER	ING PRI	CE, NUI	MBER O	F INVES	STORS,	EXPENS	ES AND	USE OF	FPROCE	EEDS		

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐Common ☐Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$10,000,000,000	\$336,831,549
	Other (Specify)	\$	\$
	Total	\$10,000,000,000	
		<u>10,000,000,000</u>	<u> </u>
2.	Answer also in Appendix, Column 3, if filing under ULOE.  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	60	\$336,831,549
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		· · ·
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		
	Legal Fees	ξ	\$80,000
	Accounting Fees	D	₹ \$20,000
	Accounting rees		
	Engineering Fees	[	
	_		\$
	Engineering Fees	[	\$ \$ \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross		
	proceeds to the issuer set forth in response to Part C – Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	<b>\$</b>	□ \$
	Purchase of real estate	<b>S</b>	<b>\$</b>
	Purchase, rental or leasing and installation of machinery and equipment	<b>\$</b>	<b>S</b>
	Construction or leasing of plant buildings and facilities	<b>\$</b>	<b>\$</b>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	□ \$	<b></b>
	Repayment of indebtedness	<b>\$</b>	<b>S</b>
	Working capital	□ \$	□ \$
	Other (specify): Investment Capital	<b>⋈</b> \$ <u>9,999,900,000</u>	<b>\$</b>
	Column Totals	<b>⋈</b> \$ <u>9,999,900,000</u>	□ \$_
	Total Payments Listed (column totals added)	<b>⋈</b> \$ <u>9,999</u>	<u>,900,000</u>
	D. FEDERAL SIGNATURE		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Highbridge Long/Short Equity Fund, L.P.		Signature	Date 3/10/09		
John Oliva		Title of Signer (Print or Type) Chief Compliance Officer of Highbridge Capital Management, LLG the Trading Manager of the Issuer			

**END** 

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)